N - 202	THE DIVISION OF HEALTH OF MISSOURI									
No.300 10.48	FLED JAN 19 19	51 STANDARD CERTII	FICATE OF DEATH	State File No	2807					
10.45	BIRTH NO.	REG. DIST. NO.318	PRIMARY REG. DIST. NO.)3 Registrar's No.	127					
	I. PLACE OF DEATH		2 USUAL RESIDENCE							
/	a. COUNTY		a. STATE Missouri b. COUNTY admission).							
	b. CITY (If outside corporate limits OR TOWN St. Louis	township) c. LENGTH OF STAY (in this place	a. STATE Missouri_ b. COUNTY admission). C. CITY (If outside corporate limits, write RURAL and give township) 2257 STOWN St. Louis							
2	d. FULL NAME OF (If not in hos	pital or institution, give street address or location)	d. STREET (If rural, give location)							
RECORD	HOSPITAL OR 1531 C	arr Drive	ADDRESS 1531 Carr Drive							
RE	3. NAME OF 8. (First) DECEASED	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)					
PERMANENT	(Type or Print) Mary		Miles	DEATH Jan.	3, 1951					
	5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 9. AGE (in year		I YEAR OF UNDER M RES. Days Hours Min.					
	Female 3 Colored	d Widowed 2	Dec. 4, 1884	66 0	29					
ER.	10a. USUAL OCCUPATION (Give kind done during most of working life, even if	of work 10b. KIND OF BUSINESS OR IN- retired) DUSTRY		country)	12. CITIZEN OF WHAT COUNTRY?					
E I	Housewife		Hines County Mississipp							
	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN	NAME 14. NA	ME OF HUSBAND OR WIF	E					
MAKE	George Miller 15. WAS DECEASED EVER IN U.S. A	Amanda Page	17. INFORMANT'S SIG	1471105 00 11415						
	(Yes, no. or unknown) (If yes, give war	or dates of service) No.	Mrs. Callie Fergi		ADDRESS Chan					
1	18 CAISE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN									
INK	Enter only one cause per li. Disease OR CONDITION DIRECTLY LEADING TO DEATH* (a) AMERICAN CONSTRUCTION ONSET AND DEATH DIRECTLY LEADING TO DEATH*									
1	ANTECEDENT CAUSES APPLICAGE									
CK	I TRIS ODER THE THEORY	10								
BLA	as heart failure, asthenia, rise to the	onditions, if any, giving DUE 16 (b) above cause (a) staling ying cause last.	• • •							
	etc. It means the dis-	DUE TO (c)								
INC		SIGNIFICANT CONDITIONS	•							
Q P	, 	s contributing to the death but not the disease or condition causing death.								
UNFADING	19a. DATE OF OPERA- 19b. MAJO	OR FINDINGS OF OPERATION	L	· ·	20. AUTOPSY?					
	AL ACCIDING	Last Blackorm Hills	21c. (CITY, TOWN, OR TOWNSH	IP) (COUNTY)	YES LI NO A					
SING	21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, fastory, street, office bidg., etc.)	216. (CITT, TOWN, OR TOWNSH	IP) (COUNTY)	HATTE X					
· a	21d. TIME (Month) (Day) (1	fear) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCURT		* 1					
. [INJURY WHILE AT WORK AT WORK									
PLAINLY	22. I hereby certify that I allended the deceased from3/2, to, to, 19, that I tast saw the deceased									
IV	alive on									
1	23a. SIGNATURE/ (Degregor title) 23b. ADDRESS (Degregor title) 23c. DATE/SIGNED									
WRITE	24a. BURIAL, CREMA- 24b. DA		RY OR CREMATORY 24d. LOC	ATION (City, town, or coun	(State)					
₩	Burian U 1-8	-51 Washington P	ark Cemetery St.	Louis County.	· Mo					
	DATE REC'D BY LOCAL REGIST	RAR'S SIGNATURE	25. EUNERAL DIRECTOR'S	SI GNATURE AD	ORESS					
Į	JAN 7 19516 4	(Licensed Embalmer's	Statement on Reverse Side)	e 1221 Nor	th GRand					
		(Licensed Embalmer's	Statement on Keverae Side)							

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	s certificate	e was emb	oalmed by r	ne, or	by
	.,				
working under my personal supervision.	Student	Embalmer	r No	••••	• • • • • • • • • • • • • • • •

Signed Signed Licensed Embalmer No. 4600

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.